

Pat Bad

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)**

SERIAL NO.  
**10/509647**

FILED DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/				51
2		/				52
3		/				53
4		/				54
5		/				55
6		/				56
7		/				57
8		/				58
9		/				59
10		/				60
11		/				61
12		/				62
13		/				63
14		/				64
15		/				65
16		/				66
17		/				67
18		/				68
19		/				69
20		/				70
21		/				71
22		/				72
23		/				73
24		/				74
25		/				75
26		/				76
27		/				77
28		/				78
29		/				79
30		/				80
31		/				81
32		/				82
33		/				83
34		/				84
35		/				85
36		/				86
37		/				87
38		/				88
39		/				89
40		/				90
41		/				91
42		/				92
43		/				93
44		/				94
45		/				95
46		/				96
47		/				97
48		/				98
49		/				99
50		/				100
TOTAL IND.	2					TOTAL IND.
TOTAL DEP.	12					TOTAL DEP.
TOTAL CLAIMS	14					TOTAL CLAIMS